



**UNIVERSITY OF
LINCOLN**

**EVALUATION OF FAMILYFOCUS
LINCOLNSHIRE GRUB CLUB PROJECT**

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1. INTRODUCTION

1.1 Background to the Project

The research has been undertaken in response to an enquiry received from Hilary Sharpe of Familyfocus to research the Grub Club project funded by the Bromhead Medical Charity. The Grub Club project fits into the broad aims and remit of Familyfocus, a third sector organisation that fills gaps in provision of mainstream services by holistically supporting and strengthening families to transform lives. Its work within the area of Moorland since 2011 has embedded it within the local community and highlighted awareness of issues.

Research within the Grub Club provided an opportunity not only to explore the impact and effectiveness of the project, but the issues that it represents and seeks to redress within the wider context of family and individual need, food poverty and patterns, the relationship between food and health/wellbeing, family and community dynamics. At a national and local level there is much existing evidence and research as to the concern about adults and children maintaining a healthy weight and balanced diet. Education campaigns, such as Change4Life and the Eat Well Plate have accompanied the Choosing Health strategy (DoH 2005) and key policies in relation to obesity, which include Healthy Weight, Healthy Lives (DoH 2008) and Healthy Lives, Healthy People (DoH 2010).

More recently there has been an attention on food chains and sourcing within the Public Health Responsibility Deal (2011) for food businesses. In terms of existing and projected cost the higher risk of developing such conditions as type 2 diabetes, high blood pressure, stroke and heart disease, the 2007 Foresight Report calculated that the cost could be £50 billion by 2050, the concern being expressed that multiple factors have contributed to living in an ‘obesogenic’ society.

Given the concern about rising obesity and unhealthy eating in children and adults it is not surprising that a number of community initiatives have been directed at changing attitudes and behaviour at a national and local level, such as the Big Lottery’s (TNS Social, 2006) 5-a-day community food projects and Breckland’s Fit Families project (2015). A common theme within healthy eating projects is the provision of cookery classes, advice on nutrition and buying, such as that of the North Lincolnshire Cook4life scheme, ‘as part of a consultation people told the council that they would like practical support to be able to cook healthy, appetising meals within their budget’.

Whilst Lincoln is not the area within Lincolnshire which has the highest prevalence of obesity within adults and children, successive reports and data collated by agencies, such as the Lincolnshire Research Observatory (LRO), continue to indicate the scale of the problem within Lincoln. Only 26.7% of the population were estimated, for example, to be eating 5 vegetables and fruit a day (LRO) and 64.4% of Lincoln’s adults were found to be overweight or obese, with 24% estimated at risk of obesity (LRO 2014/ 2015). Within the data 15.4% of reception children were found to be overweight, 8.7% obese and 0.8% underweight rising in Year 6 to 14.4% overweight, 21.2% obese and 1.6% underweight (LRO 2015).

As the Lincolnshire Joint Strategic Needs Assessment (JSNA 2014) acknowledges such figures do not indicate the complexity of the reasons for excessive weight and that it is often based on missing information, such as malnutrition and under-weight adults and children. More

importantly it does not indicate what is required to support the change between eating healthy and unhealthy and the various points behind the statistical profiles. The Lincolnshire JSNA (2014) consequently reports that ‘whilst individuals have the ability to take immediate actions to improve their diet and maintain a healthy weight, a supportive environment is also needed. People require access to healthy food, the resources to obtain it, the skills and knowledge to enable them to prepare it, as well as accurate information about what they are eating’. In this respect Lincolnshire County Council has commissioned, as have other authorities, community cooking and growing programmes to encourage confidence ‘to buy and cook fresh food’. In 2013-4 for example, 102 cooking courses were attended by 2,200 participants. In relation specifically to children and reducing childhood obesity a ‘lifecourse’ approach has been adopted bringing together a number of initiatives and partnerships at various levels to aid healthier eating patterns and lifestyles including, for example, the Food for Life Partnership and Healthy Schools, which represents approaches that encompass a mixture of specialist, targeted and family based approaches.

The reviews of poverty in Lincoln by the Community Leadership Scrutiny Committee of the City of Lincoln Council (2013) to both ‘identify’ and ‘mitigate’ the ‘impact of poverty’ in Lincoln through development of an Anti-Poverty Strategy (2014) has further highlighted the nature of poverty particularly for certain areas of the city. Amongst the ‘key headline figures’ (Lincoln City Council 2013, 2014) were the following:

- Seven areas of the city are amongst the most 10% deprived within the country which includes 11,000 Lincoln residents
- 4,500 children in the city are living in low income families accounting for 23.8% of children, two thirds of which are 10 or under. For more deprived wards 33% of children are living in relative poverty. Six areas of the city ‘feature among the 10% most deprived in England for income deprivation affecting children’.
- The three wards of Birchwood, Glebe and Moorland have ‘particularly high rates of child poverty’, including the areas of Western Birchwood, St Giles and Boultham Moor
- In 2013 ‘one food bank alone issued over 35,000 emergency meals’

The Grub Club with its base in the community of Moorland and the work that it has established with local families represents an opportunity to explore an innovative and unique approach to change against the background of national and local research, strategy and discussion. As an organisation that values evidence based projects and local community involvement in what is delivered, Familyfocus undertook some preliminary research through the Lincoln and District Soroptimists (2014) to ascertain younger residents’ views on the then proposed Grub Club amongst other issues. This highlighted that whilst there was a positive response to the Grub Club recognising and acknowledging need was equally a possible factor for involvement, for whilst respondents ‘knew plenty of families that needed it ... they ‘were uncertain whether or not they would actually go, and considered it needed careful marketing and awareness raising’.

1.2 Aims of the Familyfocus Grub Club Project

At its inception the main intention of the Grub Club was to provide a distinctive tailor-made service which would ‘work directly with families in their own homes to bring about improvements in their diets in order to improve health and behaviour across the whole family’ (Familyfocus 2015). The rationale was that not only would the project bring about ‘improvements in overall health and helping to prevent and control many health problems, such as heart disease, high blood pressure, type 2 diabetes and some types of cancer’ (Familyfocus 2015), but equally that improved eating would have a positive impact on the mental health of families and the ‘emotional needs’ of those families who particularly had children with issues of mental health, or conditions such as ADHD, or autism within the family. This links with the general aims and remit of Familyfocus in supporting and strengthening families through projects, such as SHARE, in which it acts as a ‘bespoke’ individual family support and guidance service for families that have children, or young adults with a diagnosis (or working towards a diagnosis of) Autism or Asperger’s Syndrome. Equally it was about achieving sustainable change, ‘this is not about creating a healthy eating class but about working on a one-to-one basis with families to achieve realistic changes in eating habits that can easily be sustained’ (Familyfocus 2015).

The project would be largely led by the appointment of a part-time and ‘independent nutritionist’ employed for 40 hours a month, funded for a year by the Bromhead Medical Charity, who would ideally deliver individual sessions with the family on a weekly basis in the home setting including activities, such as menu planning, cooking meals and analysing of food patterns. It could equally incorporate other joint activity, such as food shopping where appropriate. The emphasis was therefore on providing an intensive ‘personalised, evidence based diet and lifestyle programme for families (Familyfocus 2015). Given the scale of funding for the pilot project it was intended that approximately 20 families would be helped and that unlike other programmes that often provide boundaries and limits on how families are to be supported and for a certain period of time, there was an open remit of what support the family wanted and how long they required continued support.

Initially it was intended that the Moorland area would be concentrated on, not just because that was where Familyfocus already worked and was geographically based, but also its levels of deprivation. The area has been highlighted in reviews of poverty in Lincoln by the Community Leadership Scrutiny Committee (2013) and the ‘Lincoln Against Poverty’ Strategy (2014) as one of the seven areas of the city considered to be within the most 10% deprived within the country. Within the ward one area Moorland ‘73’ is within the top 1% deprived areas in the country (CLC 2013). Equally it was anticipated that referrals that could be self-referral or professional led, would be instigated by partnerships, for example with local health professionals and PCTs as well as being generated by existing groups within Familyfocus, such as SHARE. In September 2015 with the appointment of the nutritionist the project began. To date at the time of the research, it has worked with 18 families, largely divided between those who are already part of the SHARE project and new families. These have been recruited as will be discussed later in the report from a mixture of open events that Familyfocus have undertaken, such as demonstrations of cooking and seminars sharing recipes by the nutritionist and referrals from partner service providers, such as schools and family support agencies. The area of support by The Grub Club would also extend beyond the Moorland area to Lincoln and indeed surrounding towns and villages, although still largely centred within Lincoln itself.

1.3 Research Process

Given that the Grub Club is a pilot project with many different individual outcomes, the emphasis of the research was qualitative to analyse the experiences and views of those involved, using semi-structured interviews so that both participants and stakeholders could lead and inform the research from their individual perspective. The research sample was purposive, in that many of the families taking part in the project to date have been ‘lightly’ involved’ in the intervention, for example, attending a generic talk by the Grub Club’s Nutritionist. Consequently, those who had most support and contact from the Grub Club nutritionist were approached to see if they were willing to take part. The sample is consequently not representative but does include a range from those who have had more intensive support from the project, to those who have, for example, received advice in the form of telephone support and being sent appropriate recipes. This in itself reflects back on the different forms of support and advice that such an intervention can provide.

Whilst a small scale funded research project, the research has nevertheless opened up important issues surrounding the pilot intervention. As part of a stakeholder analysis, service providers were interviewed from schools and in family support organisation to provide a holistic and organisational view on the processes of setting up such a project, what had been learnt and how does it fit into the more generic objectives and issues surrounding both services and family needs. The interviews provided very rich data of experiences and involved discussions ranging mostly of 30 minutes to 1 hour. The interviews were semi-structured to allow themes to emerge on the impact and value of the project, given that all of the interviewees had different experiences of the project. This was complemented by general and regular discussions with the Familyfocus executive and nutritionist as to the progress and impact of the project, in relation to it being a pilot project and how they considered the intervention was developing, which will be further discussed in the report.

The interviews were taped and transcribed and themes were then derived from the interview data which are reported in Section 2 and 3. Given the rich data that emerged from the interviews and transcripts of almost 50,000 words, the writing of the report places emphasis on the direct voices of the participants in what was an ‘engaged research’ process. The final summary reviews the overall findings and reflects on what the project has learnt in setting up and operation, its relationship to change in individual families and lives, together with potential future direction.

2. VIEWS OF SERVICE PROVIDERS

The following section reports firstly on the views of Grub Club professionals involved in setting up and delivering the project and secondly those service providers who are stakeholders in the project from referring families into the project and/or interaction and help for their clients from the Grub Club. Grub Club professionals in this section are referred to according to their role, such as nutritionist, or given the more generic term of project worker, whilst partner organisations are referred to as service providers. The section explores the setting up of the project, its delivery and value for stakeholders including service providers and users. It equally considers what has been learnt and what the future direction of the project is.

2.1 Grub Club Project and Professionals

2.1.1 Setting Up - Pilot Project

In setting up any pilot project the effect is not only what has been achieved for the individual client and support for partner organisations, but what is learnt in intention and process about 'what works'. The original intention of the project is that it would be based on intensive holistic support for families, based on the nutritionist going into families' homes on a regular basis, that underlying this would be a *'social work element not just the baking and the cooking'*, moreover *'looking at what families eat and to see if by changing their diet would make a change in their behaviour'*. In practice, of the 18 families that the Grub Club have worked with at the time of the research approximately half have had intensive contact with the project through regular sessions with the Nutritionist in their homes, whilst the others have mostly had what has been termed more 'light touch' support through, for example, attendance of food workshops and talks by the nutritionist at children's centres or the Lincoln Show Room, phone calls and sharing of recipes and information. As will be explored in this section and the views of participants in the next section, what emerges from the interview data is that the variety of approaches is nevertheless a strength of the project, with *'light touch intervention'* of equal value for certain families and organisations.

In setting up the project the following issues were seen as critical and inter-active in its success and future development both in level of referrals and impact:

- 1) Flow of referrals
- 2) Partnership working
- 3) Getting access to families
- 4) Recognition of need
- 5) Understanding / awareness of project - from service providers and families
- 6) Publicity / Persistence

2.1.2 Partnerships and Referrals

Although the Grub Club is part of Familyfocus an established charity in Lincoln with partner organisations, getting referrals and establishing links with further partner organisations has

proved to be *'one of the challenges ... people understanding about the project and knowing about (us)'*. The 'slowness' of referrals particularly in the early stages of the project being seen as organisations not being aware of the project, and the time it has taken *'to get talking to the right people who will give us referrals'*.

Given the number of potential organisations that the Grub Club could partner with in relation to health, children's services and schools it was consequently about gradually 'getting the message across' and finding the 'link' amongst teams and organisations:

how do we get this information out because there are so many organisations who are interacting with the people that we need to help ... they are really busy with what they are trying to do in their own projects ... there are so many it's like, if there was a list of organisations who interacted with all these different families then it would be fine but there isn't. So we are stumbling across different projects ... and slowing but surely we are getting the message across.

... you open one book to look at some partners and you realise there are so many other teams involved and I think it's just trying to find ... who's the best, trying to find a link with all of them, or the key contact.

One of the main pathways into organisations has therefore been seen to be personal contact as in the case of local schools and Children's Services within Lincolnshire County Council; *'what has gone well is when I have actually gone and spoken to (children's agencies) ... made the effort to go into the community and go into the Children's Centres and actually speak to the advisors there, that has generated more referrals as well.* This was seen to be often more effective than filtering down information from one source within an organisation, where the concern is that information on the project gets *'landed on just one person's desk' and didn't go anywhere else, which is often the case.* Whilst realising that this involved time consuming work with individual parts of an organisation, in the case of the Children's Centres, for example, a project worker reflected that whilst they had *'contact with two of the family centres in the city ... I haven't got contact with three or four of those, so it's still trying to make contact.* Equally, in organisations, such as Lincolnshire County Council where there has been reorganisation of services and personnel, it is constantly (re) identifying contacts during change.

Often the project has also been reactive and 'organic' in approach to partnerships establishing links and contacts with professionals like school nurses and dieticians, who were previously unaware of the project, but who were, for example, part of a family intervention that included the Grub Club and other agencies. One of the main gaps remains that medical practices despite an extensive 'mailshot' across the city at the start of the project and offers to do talks at practice team meetings have to date not responded to be involved with the project. This is something still to be explored in the reasons for this, given the continual 'headline' messages about obesity and healthy eating.

A concern of the project was to ensure that potential partners did not see the partnership as adding to, rather than reducing workload and that the administration, for example, of referring and being part of the project was kept to the minimum:

... clearly there are going to be children within the schools that need our support but (it is) trying to get the schools engaged because I think sometimes they probably just see it as ...

somebody else is knocking on their door adding to their workload ... It's making them understand that actually there is not much work, all you need to do is give us a referral form and we will do all the work, ... we just need to know on the referral form ... Why are you referring this family and do this family want to be involved? That's really all I need to know

2.1.3 Access to Participants

Access to participants is obviously key to projects, such as the Grub Club, and as much as it is about getting partners to be aware of the project and refer in, the other main issue for the project has been that once referred the potential participant goes on to engage with the project. Often, however, the 'challenge' for the Grub Club is that once referred families are presenting excuses not to be involved, which is considered to be for a variety of reasons, in particular that families are still unsure or uncertain about the project. That they have agreed to the referral to comply with other agencies, but no longer see it as essential and/or do not recognise the need for help and advice:

...actually getting to meet the families is proving pretty difficult at times. Whether, it's low on their agenda, or they have been asked to take part in the project, and they are doing it because it's something to do with the social work and them ticking boxes rather than wanting to, so the challenge has actually been getting families to meet. ... there was one family, I think we arranged 13 meetings and every time she cancelled, to the point where last week she said, I don't need your help anymore ... But I was persistent, I was going to keep asking and ... I have left it open saying, you can have my help if you want. But that's what one of the challenges, arranging a meeting and then I get a text saying, oh sorry I can't do this ...

... I think one of the barriers is often I will go in and they don't know anything about the project, they have just been told that they have been referred to the Grub Club. And I think sometimes, like with the lady that has now cancelled, I think she would have potentially been told and so wasn't as willing as it could be and we found that people who actually have asked for the referral, they are much more likely to be engaged with the project then someone who has been told to meet

However, once working with the family and overcoming perceptions of both what the Grub Club was and family need, families were both positive and engaged with the project:

... once I get in there, they get the benefit and therefore they are more committed to it ... So actually once you get into the families and see them and work with them, actually it's proven to be very beneficial ..

2.1.4 Role of Nutritionist / Grub Club

As a pilot project the role of Grub Club was seen to particularly find 'what works' in supporting families in relation to food, based on Familyfocus' perception that they had to be fluid as an organisation in responding to family need and experiences. It was therefore about adapting the service to the client and providing a bespoke service, rather than fitting the client to the service:

... I've always said the work we do has to be fluid in the sense that if we're not hitting the mark for the families that we're supposed to be working with, we need to change it, it's not the families that need to change, it's us.

The holistic nature of the approach was also seen as providing additionality to that provided by other services, such as that of dietitians, where there are more boundaries of service 'remit'. A dietitian's scope and resources, being restricted, for example, to monitoring weight, controlling specific disease and diets within the setting of a 'medical' appointment, whereas the Grub Club could go into the family home and explore issues, such as planning food and the gap between what a family may be telling the professional and what is the reality.

...I really wondered why I was getting a referral if they had been referred to a dietitian but when I spoke to (dietitian) today she said, well there's not really much I can do (dietitian's) remit is really just to monitor the weight basically and make a few suggestions ... her remit isn't to go into the family home and actually see what's going on. And so, she said it was great that you could do that because actually what they write down that the child is eating and actually what the child is eating is not necessarily the same. So, I think it's the fact that we can offer that intensive support to the family rather than, I think most of the organisations or the partners offer very light touch support. They give advice or guidance and monitoring but they don't actually support the family in the way that we have or can do.

In this respect one family required extra support with 'planning' meals to what advice the dietitian had given:

... (Dietician) said that the family was more to do with the planning and preparation because they would get to 5 o'clock, 'oh it's tea time what can we eat'? And there is nothing to eat so they just club something together and it's not very robust. So she said they probably need more support in terms of planning meals and thinking about how the meals happen rather than getting to 5 o'clock and going ergh what happens here?

The main support that families had been found to require was gaining 'knowledge of nutrition' and cooking by going 'back to basics' and slowly developing change and healthier lifestyles, with recognition that for some participants it was first building up confidence and recognising needs in terms, for example, of literacy and difficulties of reading recipes:

...it's real go back to basics, it's what's a healthy diet, constituents of a healthy diet. Things like sugar and understanding blood sugar balance and how children having sweets and chocolate impacts on their behaviour ...so they are running around ,, and then suddenly have a tantrum and understanding the mechanisms of the body. So we do a lot of education and very simplistic nutrition and biology, physiology and anatomy and it's as much about giving them ideas and giving them confidence in the kitchen. So one lady who I have seen, 8 or 9 times I have been in probably every other week, for the last two months, didn't even know how to cut an onion up. And it goes back to real basic stuff she didn't think that she could cook and we have cooked egg fried rice and we have cooked meatballs in a tomato sauce, we have cooked lots of different things, and they have all worked out. We did ... what I would class as quite simple recipes but she just didn't believe she was capable of.

The other challenge we are finding is that a lot of them have got learning difficulties or don't have strong English skills. (One parent) wanted to make cheesecake, and she struggled to read the recipe. So she had to be prompted, I had to sort of try and help her read the recipe. So ...it's like pictorial, trying to get images, so getting the Eat Well plate or getting some plates drawn up with the portion sizes and so it's very visual rather than written information.

One idea derived from this was the apparent need for ‘pictorial’ directories to be designed by the project that could be used by participants:

... one lady I wanted her to buy courgette, ... she didn't know what courgette was so I found on my phone a picture of a courgette so she knew what a courgette looked like therefore she could go to the market to find a courgette. So ... it is back to basics, there is lots of resources that I could provide like a fruit and veg directory basically, you know, really simplest thing like a pictorial directory of fruit and vegetables, a pictorial directory of protein, carbohydrate and make it really kind of (easy) information.

Doing food diaries with participants and being able to go into people's homes to understand more about food patterns was raising more awareness both for the Grub Club and its participants of how need is often not being recognised in the first place and equally how change in lifestyles is often long, rather than short term:

I think the families don't know they have that need until it's pointed out to them. That actually what they are eating isn't healthy, I guess the challenges for these families, what you eat at home is very private and unless somebody sees it, you don't know what people are eating. And I am always very shocked when people share their food diaries with me ... how poor people's diets are. And when you start asking them to write it down it suddenly clicks ... Like one family, the mother has eight sugars in her coffee for example, and didn't really think much of that, and when I pointed out, that's not that healthy, and the reasons why it's not that healthy and now she has managed to get it down to six but that's in two months.

Similarly, a child who has had problems with controlling their bowels has started to eat vegetables to improve the problem but the family had to have the information reinforced that they needed to vegetables daily, not just ‘every other day’, so it was about re-confirming the information to ensure that change continued. Sustainable approaches therefore meant not just giving recipes or information but seeking to ensure that families learnt skills and understood ‘how the body works’ in order to make ‘informed choices’ and long term lifestyle changes based on confidence and real understanding:

...what I do is about education ... it's about educating people so they can make informed choice. ... so if you understand how your body works, what a healthy diet is, when you go to the supermarket you can make an informed choice about what to eat. If you don't understand that ...then you can't make those decisions. It's about getting people to understand it's lifestyle changes ...it's about changing the way you eat for the rest of your life ...

... I very reluctantly give people recipes and meal ideas, well I give them meal ideas rather than recipes because I want them to think for themselves because I think if I don't they will always rely on me to give them ideas ... (If) I give them five ... then that becomes their weekly meals and I don't want that. I want them to be able to understand enough information about food and nutrition for them to then be able to make informed choice, so understand that there are lots of different things to cook.

2.1.5 Challenges and Future Development

As a pilot project that has overcome some of the main issues of setting up, the next challenge is how it sustains itself and develops both in relation to families and existing and new partnerships. Funding and resourcing of the project obviously underlies the viability of the

project and what it can continue to offer for families. Various models have been put forward by the project team that would include some charging of services for partner organisations, which might be per referral, or after a block of time, given that they are helping them to meet their targets and providing for gaps in services. The contradiction and strength of the Familyfocus/Grub Club model, however, is that unlike many services that are dependent and funded on a set number of weeks of intervention, the Grub Club allows families to (re) enter and exit the service dependent on individual need. Moreover, that it is the relationship and support between the Grub Club and the families that *'makes the difference'*, of whether the *'long-term goal is achieved'*. As a project worker explained of the complexity of one particular situation where the Grub Club was the only long term support for the family:

... one of (the family's) quotes was, how long are you funding for because can you come every week forever? And so clearly there is a need there ... and my concern with that family particularly, is that she has had me interacting with her, she has had social worker interaction and she has been on a parenting course. The parenting course has ended, the social worker's work is finishing, so she will only have me as a support mechanism ... my concern is if I suddenly say, I am sorry we are finished now, how will that be on the family? ... if you do intensive support with a family you have got that link, you have got that little bit of emotion, so again it's how do you offer support without becoming too involved that they become reliant on you?

Getting and maintaining a constant flow of referrals is, as seen in Section 2.1.2, a particular issue for the organisation given the often silo nature of partner organisations and how families often come to the notice of the organisations in crisis situations. The challenge for the Grub Club was therefore considered to be how to get families more aware of need and self-referral through, for example, more liaising with schools, so that the emphasis is on prevention, rather than crisis with the potential for more impact:

... There is probably loads of families that need our support but because they don't actually have any contact with any of those agencies, they won't get referrals unless the school pick it up, so it's about maybe being a bit more active with the schools in the city or around the county.Because ultimately you want to stop them getting into crisis....(then) they have got so many other things going on with them and I guess sometimes to them it might feel that I am just another agency. I know that some of the families struggle sometimes because there is all this interaction, they have gone from nothing to then having six different agencies around this child and all of us want a piece of that child and a piece of that family and I guess it can be overwhelming at times.

A priority for the organisation was therefore seen to be improved marketing and publicising of the activity; *I think as an organisation we're really bad at not saying to people, "Hey, look, we're here and this is what we do."* We kind of like rely on word of mouth, which is fine because that works but it's limited, so we do need to do something about that. Alternatively, there was also a recognition that as a small team there was a practical limit unless there was expansion as to how many referrals could be dealt with by existing staff and what different approaches may be required. With regard to staffing which remains the 'biggest outgoing' for the Grub Club it was considered that in order to widen contacts and ways of disseminating information, it could be that roles were more delineated to maximise capacity.

One model put forward was that the nutritionist would act more in a consultant/advisory capacity for other project workers, providing *'suggestions of what they can do, so supplying*

recipes, supplying fact sheets, so the service can be expanded without too much resources really. Because at the moment its fine, (the Grub Club) can handle the amount of referrals we are getting but in the future if we were to expand countywide, it would be impossible ... with the intensive support that (Grub Club) is doing. Such a role it was considered could be complemented by the employment of a family support worker who would still go into families' homes to provide the relationship and practical experience of cooking with the families and where appropriate someone with a social work background 'doing the therapeutic work', so that 'we would all be working together and regularly, able to link and dovetail the work'.

Overall the consideration was that having established the project and its brand it was how it further integrated into the concept of Familyfocus itself, that rather than being seen as a 'stand-alone project', it is part of the holistic family work of the charity:

... because we do say we support families holistically, and I think we just need to include diet as a part of that and not see it as a separate piece of work or a separate project ... I think at the moment people who may refer to us see it as just a food referral or an eating or a healthy plan referral, rather than, "This is support that this family needs alongside other things as well." It's about the family and the relationships.

In relation to other partnerships and opportunities to expand the reach of the project it was considering alternative and complementary ways that the project could develop. One potential partnership includes working more closely with the local community garden charity, Green Synergy, which brings together the concept of growing food, nutrition, cooking and education between the organisation's families and participants. Whilst a local academy had at the time of the research offered the use of two allotments for growing and another school provided some raised flowerbeds, the consideration remains how this can contribute to the objectives of the project long-term and the practicalities of such gardening projects. With regard to the allotments, for example, whilst offering an opportunity to engage children and families within the project there is also the consideration of maintaining interest and how it is linked;

...because of the nature of some of the families we work with, we know they may say, "Oh, yeah, I'll be really interested," they turn up once and we never see them again until everything's ready to be harvested ... if we can develop that then that's fine, but we need to think how we make the link between what we grow and how that then goes out to the families that we're working with and also, what do we grow.

Given that the project and initial funding was designed for the Moorland area where Familyfocus' work has been based, the intention remains to use the connections that it has in schools and agencies to develop local projects. One of these includes the concept of a Familyfocus teatime once a week in a local school, where children will be encouraged to cook after school using the school's kitchens for six weeks to cook what they want, and then after six weeks reviewing it and providing a family tea:

We help them to cook and bake whatever it is that they want, as opposed to us saying, "This is what you should be eating," and we do it initially for six weeks and then we review it and then we start to look at how we can change things and, instead of making pizzas all the time, do something a bit more healthy or just do a more healthy version of a pizza base ... But keeping in mind that whatever we do has to be something that they can go home and talk to mum, dad, gran, whoever, about, "This is what we bake, can we do it here?" so keeping the ingredients appropriate for the individual families really. That was one way I had thought we could

perhaps get into the family - but do it via the children and ... perhaps at the end of the initial six weeks the children invite the parents in and we all have tea together.

The concept of a 'Teatime' project indicates another dimension that is seen as important in the development of the project in having premises where cooking can, for example, take place for other groups, such as mums and toddlers and where the service could become 'drop-in', as much as referrals and specific workshops and talks:

I do think it would make such a massive difference because we could have families calling in whenever. You know, even if they wanted to come in and just have a cup of tea and make some biscuits, then they would be able to do that, rather than thinking, "Oh, I've got to wait for someone to come and see us at ten o'clock or two o'clock," or whatever, so it just becomes a more natural thing for them to then do in their own home. That doesn't mean to say that we don't go in the home and do it, we would, but it's just that extra opportunity really.

Moreover, given the increasing spread of the project and Familyfocus across Lincoln and the county having a central premise in Lincoln would be beneficial, making it more accessible to visit by bus and train, although conscious that a more central location would be expensive for rental.

2.2 Views of Grub Club Partners

2.2.1 Schools

Schools that have been involved in the project have valued the input of the Grub Club both as a support for those pupils who have a specific food issue and for general advice and ideas on nutrition/food for pupils' families. For one pupil who had 'deep-seated issues' which included hiding food at home in cupboards, behind radiators and under the bed, the work of the Grub Club complemented informal monitoring of the pupil by the school dinner ladies when the pupil was eating and involvement of the school nurse. The visits of the nutritionist both to the pupil's home and school providing an extra flexible dimension of support using fun and innovative approaches which sought to 'take away the stigma of food that had developed around him'.

... (Nutritionist's) ... been amazing actually because she's worked out what (pupil's) enjoyment is and she's focussed her chats with him about things that he likes, which is football, so they've done food around the world to try and help him with his eating issues. She's come in to cook with him here at school, but she has also visited the home (and cooked). I know they really enjoyed it ... With this pupil he has a particular problem with food at the moment, some quite deep-seated issues, which we also have a school nurse involved. (Nutritionist's) involvement has been to try and expose him to the nutritional side but also to make it positive and fun, and that's what's been really good.

In this case which was considered to be a long-term, rather than short-term issue it was being conscious of 'trying not to make a big issue out of it to make it worse', so that the Grub Club offered a 'soft' option to other professional intervention. It was also recognising that the issue was not about food per se or cooking for the family, but how to overcome much more deeper problems in a pupil's relationship to food: *'it was a tricky one because mum herself is a good cook, so it wasn't an issue of knowing how to cook, or what to cook, it's trying to overcome these barriers for him'.*

Equally, children in the classroom situation were receptive to the nutritionist's different exploration of food and diet and the role that the Grub Club could offer as an external agency:

For the children it makes it more special that somebody comes in from the outside. (Nutritionist) had the time literally to sit with them and they explored on the internet lots of different countries and what did they eat in those countries. Then one week they did lemon cupcakes, but the other week they did pancakes with fruit and they made it to a specific area. So it was really good.

The nutritionist's attendance at school family coffee mornings to talk to parents about healthy eating with samples and suggestions of fun approaches was also welcomed by teaching staff in getting parents involved in discussions and action about healthier eating:

(Nutritionist) had some samples for them to try and that was really fab for us to offer our parents she's got a lot of knowledge and she's very positive ... She was very real, and that was what was nice... She had some fun ideas, telling parents for instance what was in those fruit Winders, that they're predominantly sugar, and told the parents how they could make their own. She gave them different ideas of things they could put in lunchboxes she made something healthy - and I made some healthy goodies and we both put the recipes out that families could take them ... everybody tries - most people think that they try their hardest but when you look at it from another avenue, I think that's really good.

At a time of cuts to funding having extra services to offer families was seen as particularly valued, as well as providing *fun ideas of looking at cooking in a different way*:

It's been an amazing support for us to offer to our families. I think nowadays funding is cut in so many avenues. And to be able to be positive and say to our parents, "You know there's somebody that can help," it's really lovely for us. It's a great positive to have.

It was also recognising that not all families who could benefit from the Grub Club were receptive that there were barriers, not least that some are 'hard to engage' given that they have a 'lot of other priorities', so that it was both about families recognising need and being amenable to help and change. This is represented in the example given of a family whose issue was not an ability to cook, but budgeting and how the school had not been able to get them to see the nutritionist although there was the consideration that they would benefit from involvement:

I think the mum's got a lot of needs herself, so she's got a lot of other priorities ...I think it's awareness in a way ... I think it's changing habits. To realise - I think this mum in particular can cook, but it's helping her to know what to buy And mum admitted, she said, "Sometimes I don't budget correctly." So that might have been a barrier. So (nutritionist) was going to go in and give her guidance on that, and give her some ideas of recipes and tha.t

2.2.2 Family Agencies

Partnerships and Access

Agencies and services concerned with supporting and helping families particularly those who are more vulnerable and/or 'at risk' considered that the Grub Club was providing for a gap in services not only in relation to food and nutrition, but holistic approaches to family needs. However, as also related by Familyfocus in 2.1.2 the primary issue in establishing a partnership

with the Grub Club was first finding out what the project was about, with ‘advertising’ and information seen as central to ensure it was included in services already partnered:

We had an email that came round. Because this case was a child protection case you try and put every service that you possibly can in place, to see if there’s going to be any change. I think it’s one of those things, once you’ve worked with families for a while you use the agencies you already know. If it’s a new agency and people are so busy, so an email might come round, they might not register at the time ... if it’s not something I have to action straightaway it will get put on the backburner for a while ...

... I guess it’s just promoting the service ... because the email that I had was about Grub Club and it was about healthy eating, but not really about what would happen. So I suppose having more information about what they do and how they can help families would be good.

In this respect they considered that attendance at team meetings to talk about the service, or presenting/involving service providers in some of the activities that families might benefit from was seen as ways in which advertising the service would both inform and ‘stick in people’s minds’. There was also recognition that for the more vulnerable families building up trust was often the first step to contact and gaining access:

...the families that we work with can be quite difficult to contact, they screen their calls all the time. It’s very rare that they answer a phone call, and then they don’t have any credit either most of the time ... And then (some clients) ... because they’ve got either children’s services or social care they’re a bit mistrustful of people coming into their house and what they might be thinking.

Strategies to break down barriers to accessing clients by agencies included considering putting on some activity days over the summer involving the nutritionist, so that they could talk directly to the families about the Grub Club, without the agency acting as an intermediary. Equally, that the nutritionist could take part in an initial joint visit with the agency worker who has referred them so that they can be ‘introduced to the family’, hence potential barriers are again reduced by linking the prior visit to someone they already identify with and know, at which they could ask further questions about the service.

Service Gap and Characteristics

Food as a ‘basic need’ of families and potential child protection ‘issue’ is an important factor for family agencies and part of the ‘bigger picture’ in which they seek to support a family. It was equally seen to have many potential facets:

Often when we go and work with a family we try and look at every aspect of their life. And I know for child protection issues as well they will look at what they’re eating, if they’re having meals, what they’re eating ... we look at meeting children’s basic needs, and obviously food and them eating is one of those basic needs. Obviously it goes in different severities. It could be children aren’t eating or they’re eating really well, but in the middle of that there’s actually what are they eating? And are they eating regularly? Actually food’s a good way for families to actually get together as well, because a lot of our families don’t sit round a table and have those conversations. So if they’re cooking together and talking at mealtimes then that will help the family in other ways as well.

Service providers consequently considered that the Grub Club was bridging a gap in services for family agencies, given that whilst there might be wide issues of concern around food their main remit in terms of priority was those children who were particularly 'at risk' in, for example, not eating, so that broader concerns, such as limited variation in 'food habits' could also be explored:

There's no one else that we know of that tackles family and their food habits. We might do that as a matter of course but actually when we're grading families as long as the children are eating regularly and relatively healthily we normally have other priorities. So if someone else is doing that we don't have to, we can concentrate on other things.

Given that the emphasis can often be on the child/children rather than the family themselves, the Grub Club had also highlighted in its case work how looking at the family holistically in relation to food and food patterns can be instructive in helping change. Within one family, for example, where the children had been referred to a dietician because of being underweight it was only after the Nutritionist had visited that they realised the full extent of food eating patterns within the family:

... after (nutritionist's) been speaking to them, we found out the parents aren't really eating at all. And the children are eating minimal amounts as well, which we knew, because the children weren't thriving. But to hear that the parents aren't really eating as well, so it's actually spotting a pattern and why the children might not be eating – because the children are all under the dietician because of their weight gain, so that's like information that in their conversations the dietician probably hasn't picked up because she's not thought about the whole family focus, whereas (nutritionist) does.

As the Grub Club can operate within families' homes with practical demonstrations of food it was also about discovering the distinction between what was being said by families about cooking and diet to family agencies and what was found to be the reality by the nutritionist in working with the families:

...families will stretch the truth, because they are worried about what people are thinking of them, especially when they're child protection because the next escalation after that is looking at removal if they're not meeting the child protection targets. Normally that's not to do with food, but they are very mistrustful ... parents tell us – have been telling us that they cook all these amazing meals, and we weren't quite sure whether that was the case really.

Similarly, with the completion of food diaries there can be perceived gaps between what is filled in and being noted by families, compared with other services filling in the diary: *nursery fill it (food diary) out brilliantly, but parents can often be ten, twenty days behind, and then all of a sudden it gets filled in. It's like how on earth do you know what your child ate and how much they ate on that day. (Laughs) With (nutritionist) going in at least she can monitor a little bit more.*

This was seen more generally to reflect back on how families who were more vulnerable had both higher needs for help and were also more likely not to recognise that they required support; *I've got one family that have been with the Grub Club for a short while, but they've got quite high learning needs themselves, so they need a lot of support. Although they will tell you that they know everything ...they don't want to admit they need that help ...* Equally, the support of the Grub Club and other agencies needed to be long term, as it was not a short term fix;

Because they've got these learning needs, change takes a long time, because it's them understanding. And I think we'll be involved with them quite long-term. They're really good, if you tell them, "Right, you need to sort this out," they will have a go at doing it. It's just whether they'll remember. It's like because there's quite a few issues they're directed to one and then they'll maybe forget about the others for a while.

The role of Grub Club in their one-to-one support therefore was seen as important in that in contrast, for example, to general cooking classes that could be provided it allowed an opportunity to 'tailor' the support, monitor how applicable it is and how much was being understood, compared to putting on cooking sessions that some families did not like, or may not turn up for and was 'harder to avoid'. Moreover, as an 'independent' family support organisation it was seen to be able to offer a blend of professionalism but also an approach that allowed them to be seen as having a 'different hat on' from other more formal family agencies, which helped build trust and relationships.

Development

Whilst obesity was not seen as a major issue for those families referred to family agencies, budgeting was considered a challenge that the Grub Club could further develop within their support of families;

They often struggle with budgeting and so food is one of those things that gets bought last. They can either buy the cheapest thing or they'll end up having food vouchers, which means that they just get what they're given really. It's the same with gas and electricity and water, they're the bills that often get put to the side. So food can become a secondary sort of priority. ... And especially with some of our families, teaching them how to shop economically, that might be really good for some of our families, because they struggle with money often.

Equally, there was the consideration that more could benefit from the service if there was greater advertising and promotion of the service both with partner organisations and families themselves that would have an ultimate impact on family dynamics as much as healthier food patterns; *it's mainly getting more referrals, sort of advertising. Because actually I think a lot of people would use it. Even if it's not a big priority for the family, it's just someone else going in and having that impact, and giving that help to them. Then it has the side effect of the healthy eating as well.* Moreover, that for family agencies it could be particularly beneficial for what they term 'lower down cases', *because we look at family routine and boundaries, and actually we've got lots of children with ADHD ... and obviously diet can have a big impact on that. So that's something we could maybe promote more in our service.* Given that some families are more reticent to be involved in projects and require more persuasion having appropriate leaflets that they could distribute to families was also considered as something that might further self-referrals from families, ... *'We could give them a leaflet and say 'Look there's this service, would you like to be involved?' ... to have something where you could say, this is what they do, they'll help you out with this.*

For continuing partnerships, ease of referral and the ability to help meet organisational targets was also seen as central when there was limited and competing needs for partners' time:

...we just don't have the time to do everything ourselves. So if we can work alongside other agencies, it helps to achieve the same targets ... people (family agencies) have lots of cases, so they'll maybe focus on their priorities at the time. But if they don't have to worry about that,

if it's just a quick referral, then it's something they don't need to worry about, they can just say, that's being handled by someone else.

3.0 VIEWS OF SERVICE USERS

The views and attitudes of service users on the Grub Club centred not only on their contact and experience with the project, but also their perceptions and knowledge of food and healthy eating within the context of family dynamics and lifestyles, so that the research was placed in its widest context. What became apparent in undertaking the research was that clients involved in the Grub Club encompassed a wide range of families of different social background, with its reach including families from professional backgrounds and those more disadvantaged which indicated how divergent needs are and how the Grub Club could incorporate those within the project. Equally, there was quite different ways in which the project had intervened from families attending seminars given to generic or specific groups, such as a talk for the SHARE project and providing some recipes, to more intensive one-to-one long term support in homes over several weeks. This ability to provide very different support as much as the generic is explored in the following section, in particular the themes that arose in exploring the work of the Grub Club. As with the views of the service providers the research conversations were ‘open’, allowing the participants to lead on what they particularly valued within the project.

3.1. Cooking

3.1.1 Learning to cook – Confidence

Amongst those respondents who expressed a limited ability to cook, it was not just about learning how to cook from being a ‘starter’, but firstly building up their confidence to cook, with one respondent contrasting before and ‘after’ being part of the project:

‘... think this project is a really good thing to happen and it’s come at the right time ... It’s helped me to cook and to bake which I never did before and to understand food, which I didn’t before. It’s just taught me how to cook properly and get a bit more confidence

... I couldn’t cook at all. I didn’t know how to do a boiled egg before, but now I know how to do it. So those people who can’t cook or can’t cook because of health reasons, it’s good the project got started. I hope it carries on for as long as it can because it is really good and people who haven’t got confidence, because I didn’t have no confidence at all ... (before) it was just like quick foods, like chicken nuggets and pizzas and things like that. I didn’t cook a Sunday dinner and then (nutritionist) said, “Oh, try to cook a Sunday dinner.” So every Sunday now we have a Sunday dinner, where before we didn’t have one. My kids didn’t eat vegetables, but now, when I do a Sunday dinner, I make sure that they eat veg, because it’s important that they have veg’.

3.1.2 Experimentation and ‘Mistakes’

For others, including those who already had a basic knowledge of cooking, it was about making cooking fun, rather than onerous, encouraging experimentation and the allowance of ‘mistakes’:

I was apprehensive and it was laziness really. It was just like something quick, rather than standing there and cooking. Now I enjoy cooking, whereas before I was, like, “Oh God, I’ve got to cook; I’ve got to do this, I’ve got to do that.” But now it’s just – not easy, but I know they’ve got to have it. So it’s taught me that food is sometimes easy to cook and it’s alright to

make a mistake and then do something. Before it was, like, “Oh, I don’t want to do it because I don’t want to make any mistakes. It’s a lot easier.

... now I’m like “Come on. We’ll have a cooking thing”. I did cookies and they weren’t right the first time, because I didn’t have the cookie things ... I just had chocolate. I bought the chocolate and it was like a crunchy biscuit thing, but my little boy enjoyed it, so then I thought, “Right, I’m going to do it right.” So I got the right ingredients and then we did it ... they were nice; they were a lot better. I said to (nutritionist), “The first time wasn’t right,” so she says, “Well, you didn’t have the right ingredients (laughs).” But the second time I did

To have somebody with you, so that we’re cooking together and having a meal that’s really nice, that tastes good but also it’s not calorific ... I’ll be asking her to show me the way to having rice (basmati) that’s nice, not like mine that’s like glop ...I’m thinking, “Where am I going wrong? ... It ends up looking like sticky rice ... It’s really weird how it goes. I just put a little bit of butter in it, swished it up (laughs) and put it on their plates. I did say to them, “So sorry. I’m rubbish at making this stuff.” I don’t know what I’m doing wrong. I’ll have to ask (nutritionist) about that; she can show me because I ain’t got a clue. So, yeah, I’m going to get (nutritionist) in the kitchen to show me how to do that. I’ll have to get her to help ...

Respondents also reflected that they now realised how cooking could be much more ‘simple’ and nutritious than previously considered, as well as breaking down potential barriers or consideration of what is time-consuming to cook:

It’s because of the effort. People find, “Oh, I’ve got to put the chicken in and cook it,” ... jacket potatoes, put them in, they’re easy, casseroles. Things like that, they cook themselves; you don’t have to worry too much about them.

I’m making a fish pie this week. Actually, it’s the first time I’ve made it ... All it is white sauce and a mixture of fish and whack on the old mashed potato and voila (laughs)!

3.2 Nutrition and Growing

Whilst valuing the cooking element of the Grub Club participants were also interested in developing knowledge of the nutrients in food and information on the ‘traffic light system’ of food packaging. This was of particular help to those with health issues, where diet could improve or exacerbate a condition:

...at the moment we’re doing theory. We have been doing about nutrients and stuff – we’ve been doing it because I’ve been so poorly. ... We’re looking at how much sugar and salt and stuff are in the packets, on the back in every 100mg. So we were looking at that and the types of food you can eat that’s in the green, which means, ‘yeah, help yourself,’ ... and red which means it’s high in saturated fat, or sugars or whatever, which is not really good ... We’re looking into the nutrients that help with my illness, the disease I’ve got. So it give my body that energy which – with fibromyalgia you’re in pain all the time. It effects your joints; its skeletal pain from head to toe and it’s really not very pleasant ... So what I eat tends to help with keeping me, you know, with energy and stuff.

It’s learning about how to cook. It’s learning about what you’re putting into your body. It’s ...vitamins and things that you need as well. If you’re lacking it. ... It’s basically choosing the

right ingredients, what food you can make that's nice and it's tasty, but it's not fattening to the point – you know, it will have a little bit in it, but it's not going to be big.

Given what are often seen as 'conflicting' messages about the nutritional values of food from the media, health professionals and research, getting specific group and/or individual information on nutrients was valued not just for further advice of what to do, but also reassurance on existing food patterns and choices. Equally it was easily accessing information about where to find more unusual ingredients, as much as the recipes:

... It was actually quite nice in a way in that some things we were already doing, it was kind of like, oh, that's all right, we're doing that. ... because I think there's so much information and there's so much conflicting information as well, that you can think you're doing the right thing ... and then it isn't ... Also she did have suggestions on where you could get things if you weren't sure. Again, you could spend quite a bit of time trying to find where you could get things from.

Growing Food

In order to further an interest in food and connection to food sources the nutritionist has also supported families to start growing salad foods and vegetables, which has opened up not only understanding of food cycles but wanting to relate more to gardens and nature.

...we are growing our own peas this year so we can eat them fresh, and some lettuces and carrots and he (son) has planted them all ... and he has helped out with the school garden.

... I mean he (son) gets bored when he sits and pulls out the weeds ...he will come down for about five minutes and then wander off but he will come and he has to go and look for the snails, you know, and each snail is worth a penny. So it's amazing how many things before that he would not touch, he wouldn't touch a snail.

He's (son) watching his plants he's looking after because he did them with my Dad. He's, like, "Oh, Mum, we need to water the plants. We need to look after them."

3.3 Time – 'Busy Mums'

Participants who were working and considered that they had limited time reflected that having the input of the project worker to provide ideas for recipes either in attending workshops/meetings, or individual support often through telephone calls was invaluable in providing them with 'easy' access to recipes and developing food strategies.

So for me I think it's a service that is extremely useful ... I don't want to use the word busy mums, but, you know, I can't help but say that for myself. Because, you know, I don't always have the time to sit down and think about alternatives or to do time for research on topics, so to actually have someone to talk to ... she actually understands where I am going, so what if I do that what happens? ... I am the only one, the worker, so I don't have that time when I come home because when I am home it's homework and then when they have gone to bed it's 9 o'clock and it's like hello. No, I don't have then another two hours in my day ...'

...because I used to probably spend more time looking at things and planning our weekly meals and things like that, and I don't necessarily have time to do that now. So if it's something somebody can just suggest that can be cooked quickly, then that's a definite benefit.

In this respect, it was also about providing the 'light-bulb' moment towards more experimentation and learning about recipes and equally returning to 'trying' different foods and 'variety' in diet:

... we have just sort of literally scratched the surface, and I am on that enlightened path as I call it, you know the light bulb moment and yes I am much more relaxed but I know I need to be a little bit more smarter. And I know I need that extra bit of a kick from someone else who has already done that first bit, got some of the recipes for me and then I can pick them up and move along.

...although we were eating, like the organic veg box and things like that ...I think we've got more variety since, I've kind of maybe just, oh, I'll try that as well ... I tended to do that a bit anyway, but I'd got out of the habit of doing it if you see what I mean, so it did jog me to think, actually - Like last night I went to the supermarket and got a dragon fruit for my son to try because he'd never seen one, so just things that if I see them now, just think, actually, I'll try that as well.

3.4 Planning and Finance

Some of the families through the Grub Club project were also becoming aware of the need to plan their meals in advance, rather than meals being made up of what was available in the cupboards at the time, thereby making them more nutritious and proactive rather than reactive:

I think, "Right. What can I do with that?" I try to make spaghetti or some sauce or something, so I've tried to plan more. Where before it was, like, chicken nuggets, cheeseburgers and things like that – easy to cook; just shove in the oven. Now I think, "Right. What can we have today?" Sunday I do a Sunday dinner and I prepare it all in the morning and it's easier than, like, rushing in the afternoon. I can get my jobs done and then I prepare dinner. ... So it's a lot better.

This also meant in some cases changing the times at which meals and snacks were eaten and in particular the cutting down of snacks in the day and considering portion sizes:

I have had to overhaul to make sure that when he has his breakfast he doesn't eat straight after. I always say to him, okay, when it gets to about 11 o'clock he can have a little snack. You can have a piece of fruit and he's usually like "urgh not bananas", he usually likes bananas. Normally I'll just give him a little pack of cheddary biscuits, something just small and then he'll have his lunch and it's just making sure the portion's not too big. I had a habit of overdoing the portion; not thinking about it. But his portions are reduced now.

...it's about learning that it's okay if your plate looks a little bit bare.

It was also recognising that all food routines and patterns are dependent on the individual needs of the family and their circumstances, so that in one case, for example, it was helpful for a family member where the concern is more about under-eating, to have a sweet snack before bedtime to aid sleeping and energy:

... before it's like would you give someone flapjacks before you go to bed, um no, and I was thinking sugar and now it's yes because it has got that slow releasing energy while he is sleeping ... So it's learning little things like that and being able to explain, you know, that these things are okay.

More forward planning of meals and thinking about food also had an indirect consequent of effecting how those families with more limited budgets planned financially for their food shopping, whether they considered that eating healthy was dependent on affordable food and what was 'realistic'. What emerged was a number of conflicting attitudes and practice as what was considered affordable. One participant, for example, explained that whilst on a limited income they made sure that they 'put money aside' for food, particularly meat from the butchers and supermarkets and justified the buying of an organic chicken at £11, as through the project they had become more aware of the taste and nutrients of food and wanted to test what it tasted like and was there a difference. Equally that it could provide several days food for the family in being used in different ways from a main meal, such as sandwiches, stock and soup and therefore was economical:

I had a look and I thought, "Yeah, it's a bit expensive," but I thought, "No, I'm going to buy it to see what the flavour's like." ... I know that eating healthy is expensive; and having organic, but it's quite reasonable because they don't really use anything on them ... I like it because they ... run around in the field. ... When I look at food and I think of the cost, I also think of the benefits of it. Because I'm the carer to my son, I try to be careful what I normally give him ... I looked at the chicken and the chicken's probably about £11 or £12 and I think to myself, "Yeah, but it's a whole chicken and you've still got other bits and stuff to take off it." So is it expensive, but then if you look at the ones in the supermarket, I know they're asking about £5, £6, and I know it's like another £4 or £5 on top, but at the end of the day, you're getting healthier nutrients from the organic chicken because they've not ... forcibly grown, they're left to run around until they're big enough... So I just want to see what the difference is. So I'm writing that down and telling (nutritionist).

Others considered that whilst the project was making them think more about budget planning they were more restrained by the costs of food:

... I have the milk tokens for her (daughter). If I didn't have the milk tokens it would be very expensive. I don't get as much fruit as I should because of the cost. Yesterday I got some bananas because she goes mad on bananas and I did start doing my own smoothies, it's a lot easier than buying the juice. But everything just costs a lot more than it should, but you've always got to look at the budget and budget more. I've started to budget a lot better. Before, I would just go into town and buy this and buy that. Now I roughly spend about a hundred quid for a shop and that's for six weeks – or less. But it just varies, what I buy, and things like that. Sometimes I say to (project worker), "Well, I can't make it this week because I haven't got enough money," or I've gone over. Now I know how to budget.

Fruit was something that participants particularly had a mixed response to in terms of cost and how central it was to them, with a service user considering 'even when I was on a budget, I still bought fruit.' Others had found, for example, supermarkets recent selling of boxes of 'mis-shaped' vegetables at cheaper prices to be helpful; *'so you're getting funny shaped vegetables which is natural and it's cheap. You get a box with carrots and cabbage – I'm trying to think of all the fruits and stuff – even fruits. ... and they're not perfect; they're not straight perfect. The carrot's got a head on it, extra little carrot, you know, things ... So that's really good if*

you're on economy, if you're trying to save your money ... when you don't get loads of money and, you know, you've got to be careful what you pay out for.

It was also about getting more variety in the diet with a limited budget and accessing more shopping alternatives, as one participant related in relation to frozen foods:

... because food's going up and up and up. ... in Morrison's they don't have a lot of freezer stuff. They only have, like, two rows of freezers. Asda's the same; they don't do it like Iceland. Iceland have got more freezer stuff,, but in Iceland it's the same ... Wherever you go it's the same stuff. They don't change it. I think they ought to change it because you get fed up of the same stuff all the time. I used to go to Iceland and there was just the same stuff. They don't vary it. I think shops ought to vary a lot more...

Hence financial planning as much as diet was recognised as important in sustainable change, 'I think it's the economic support as well, basically, write down what you can afford, what you want to get from the shops and also being realistic, "Can I afford this? ... Like I said, you know, it's putting money aside really ... People say they can't afford food, but they can afford drinking and they can afford cigarettes.

3.5 Role of Nutritionist/Project

All of those interviewed valued the Grub Club project from varying aspects, with the following typical examples of responses from participants engaged in the project:

I find the Grub Club very, very useful.

I think they are wonderful, you know, Familyfocus has been a real turnaround for me

It's, like, (name) is opening my eyes and I know that my diet is not 100%

The success of the project was considered to be due to very individual support designed around the family, both in what support was provided and how it was delivered. In that it could accommodate varying family needs including intensive one-to-one support in the home, as well as more informal contact with the family through attendance of meetings/workshops and/or telephone discussions. The many ways that families could be supported, or given ideas on food and diets and family dynamics was seen very much as a strength of the project. In particular, participants were receptive to the role of the nutritionist and the approach of being 'open' and 'personable', providing information/ideas in a very easily understandable format. It was this relationship with the project worker that underpins the success of the project and its communication processes:

She is talking to me not at me and she is showing me, not patronising, you know. Where at ... (name) it's a patronising model but ... (nutritionist) talks to you on a level that's just one on one and she is more like a friend when she comes and talks.

I find ... (nutritionist) very sort of open and very personable, she gets down to a level, where, you know, you are not feeling confused by all the different chemical compounds of food and how it all matches together.

... in coming to the workshops I found her approach to be fantastic and sort of gave me some light bulb moments

Some participants when comparing the Grub Club's approach to the more generic cookery courses that they had attended commented that it was this individual and continuing relationship/support within the project that resulted in much more long-term benefits:

I have been on a cooking course ages ago, but I didn't feel like it was worth it because it was just me and this other girl sometimes and it was just, like, you've got half an hour or an hour or two hours to do this. Then, in that two hours, you'd forgot it, how to do it or you didn't write it down or something like that. So it's really good to have the Grub Club.

Equally, those who had accessed the Grub Club through other Familyfocus projects, such as SHARE, considered that the prior relationship and awareness of issues, such as autism, added a further layer to the project and connection on which they could build, easing access and confidence on what the project offered, that it was not just a 'blanket response':

.... because we've been going to the group and you can see the benefits ... maybe to a certain extent that makes you more willing to (take part) ... it works both ways. I don't know if somebody had just come – (the group) might have felt they didn't have the understanding necessarily, that they might have just sort of given a blanket response and not actually considered there's others in the group where the children won't eat certain textures of food or certain colours of foods or whatever. So I think – if you've already got the connection with the group, you've already got the understanding or somebody can explain how it can affect people differently ... And things like just the eating and the social element of it – you know ... (family member) is quite keen to be up and off again – or there's arguments about what type of food – we were having ...

3.6 Food Diaries – Self reflection

The use of food dairies within the project was seen as instructive in highlighting to participants not just what was being eaten and when, as well as the nutritional values, but also the relationship between food and its effect on mood. For those with particular health issues, it was also seen as a tool to analyse how it could particularly both help to improve a condition, or in the case of other potential health conditions, like diabetes, be part of a strategy to help prevent it. Participants also considered that having the nutritionist coming into the home to discuss it with them, meant that they had to be 'honest' and that it had caused them to be more reflective of what they were eating and eating patterns.

For one participant there was particular realisation in doing the health diary of how their complex health needs were impacting in a negative cycle of feeling unwell and food patterns, for themselves if not the whole family.

I'm doing a two-week diary on what I'm eating. Oh God, it's terrible, and I have to be very honest, so (laughter) - I'm not good ... I'm terrible. If I'm not well, I'll just go and get a quick fix and I'll flop back. I'll feed my son and everything, but I don't get hungry. So I go for the bad things because it's quick ...It's making me look at what I'm putting in my body. Also, it's the emotional side that I'm also doing. So, why did I eat that? Because I was tired. I couldn't be bothered. I was tired and I'm hungry and I need to take my painkillers, so it's a quick fix and go to sleep ... I'll go in and get, like, a chocolate bar. I have that and I go to sleep. ... if

I'm really, really poorly ... I can't do the things I want because I'm just too sort of, like, weak to do it because I'm going through that phase.

In this case it was recognising through the food diary and the advice from the nutritionist that there were strategies that could be used, such as, making larger portions of foods on 'good' days that could be frozen and eaten by the family on days when the participant was not so well, hence 'balancing' out the effects of illness; *if I'm making bolognaise, on a good day, to actually freeze some. So on a bad day I've got a nutritional meal, but it's in the freezer and I've cooked it, instead of just grabbing something, or I'll phone up the takeaway because I'm just too tired.*

3.7 Meal-times – Family Dynamics

The project has also changed attitudes and behaviour not just regarding what is eaten, but how it is eaten, planning and meal times. For those families having children with additional needs, such as autism, the project's individual approach has also provided a further layer of help and information. In particular, allaying concerns that children were not eating enough, or the 'right' foods, whereby mealtimes had become tense occasions and food a source of constant battle and negotiation, rather than occasions to bring families together.

...I was trying so hard to sort of say, right well you need a bit of fruit here and you can have a bit of that there and I was much more, you know, push, push, push, push. Now I am much more relaxed in going, do you know what, if you are not going to have any of this then that's fine, and no you can't have dessert but you can still have supper ... I was rather, you know, that awful mum of you must eat because you know, you need to eat.

Food is supposed to be fun, and (nutritionist) makes it fun and I think that's one of the big points for me, you know, food for me had become a battle, it had become stressful, you know every meal time, I was like, oh god.

... I have finally got the medical confirmation last year, so for me it has been quite a year of running up hill, trying to work out and understand that yes that is why each meal time is a negotiation. Because I am giving him stuff that really doesn't smell nice to him or isn't attractive and, you know, he is the classic lazy one where he eats with his fingers but he is learning now to conform ... So each meal was a bit of a negotiation, a bit of a struggle, all that sort of thing but (nutritionist) has kind of changed my perspective ... Compared to before you sit there going well, look you know, you must eat this because you are going to starve and you are going to be hungry when you go to sleep and it's a constant struggle, whereas now I am much more relaxed about it, so I suppose it's a much more fun event of what have we got in the cupboard for tea?

In relation to meal-times and how they were arranged it had also provided an opportunity for families to realise the value of using mealtimes to get everyone around the table to talk and share what they had been doing during the day and no longer rushing meals:

... if we go out for a meal, obviously you sit down and you have your meal and you take your time and you eat and you talk to one another. I think what we got in the habit of at home ... although I was cooking – then it was kind of one of us would get up and be clearing the table and one of us would go and be doing DIY or whatever. So now I've tried as much as possible to have a set time for dinner every night and for us to say, "Right, we have half an hour that's

the time that you don't leave until that half an hour is up." It does cause problems a little bit because (family member) wants to go off and do things. Especially if I do the dinner slightly late then ... So that's a bit of a battle sometimes, but I'm trying to stick to that, because then it gives us time to talk about our day....I think I was being unrealistic before when I was trying to set it for like five, half five, which I don't get home from work until quarter to five. My husband was either doing something or I was rushing to get it. So then I thought, well actually, just because I've always eaten at five, half five, doesn't mean we can't change it to six ...

Support to understand and change family patterns of eating has not just been confined to the home setting, but also helped families to negotiate changes of thinking at school and in situations such as eating out in restaurants. For one participant this meant support in communicating with the school that their autistic child could have juice in school time, rather than adhering to more general rules about water bottles that they found difficult:

... about water, you know, they have a really strong policy that you have to have a water bottle which is lovely, tick, but only water, there is no juice allowed. Whereas they now appreciate that actually (name) won't drink water. So there is that danger of him getting dehydrated as the day goes on.

Moreover, due to communication about food generally there was reassurance for the family about going away on school trips, with food no longer a perceived barrier to participation/inclusion:

... He has just been away on what we call a school trip, you know, for three days, two nights in the run up to the big one next year where he goes away for the whole week. We talked about his food and his eating and, you know, he may do the washing machine mouth leaving it open, and children might go, oh it's gross, but managing that situation and raising school awareness.

Similarly, that families had developed more confidence to eat out and enjoy family meals in restaurants.

I am not afraid now to go out, that is two meals out we have had and we are going away this weekend. So I am a little bit more relaxed about going to a restaurant, you know, and sitting around with people at a table. Because obviously they don't always eat very nicely ... And now I just sort of have that attitude, well this is my son and my family, don't look if you don't want to see. They have given me confidence, number one, that's it's okay to be in a restaurant and if things don't go well, just ride it out and not try and run off. ... Before it was get out there, have you meal, run. There was no let's have another glass and relax, you have got your iPhone with you so you are sat quietly playing and it's much more pleasant. And with being out it's nice to be able to say, look (name) you see that and you are showing him that socially that it's okay to be like this.

3.8 Food and Mood

At a further level, families through discussion with the nutritionist and the use of charts to relate food patterns with mood, were more aware and reactive to how food could influence their children's behaviour:

No I didn't (know) about how much it (food) had an impact on your moods, so that has been huge for me which also helps with the older one as well. Definitely (name), you know, the

younger one, he is much calmer, it's not such a struggle when we are out and he is still quite happy ...

(Realising) the effect it (food) can have on you and your mood and how to try and get that mood to just level out a little bit rather than peaks and troughs. And if it is peaking and troughing, understanding that sometimes they just need something else to balance themselves back out and settle down.

For one family it was determining the effect of sugar on their child's behaviour and learning how to then control this and change food habits, with the realisation that it is also a constant 'battle' of changing food habits and patterns to achieve and maintain 'balance', as the parent related:

... If he has sugar, like cereals, he goes really hyper, so we've had to find the right balance because I didn't know how to do the right balance, what to give him. Because I would have given him sugar and I would have given him cereal, but (nutritionist) said, "No. You've got to find the right balance." Now he doesn't have tantrums as much.

... We went on holiday last week and because he was having cereal, he was having tantrums and snapping and it was just – oh, we've got to find the right things so he could calm down and take time out and things. He understands now why he can't have cereal because of his moods and things ... where before, "Sugar doesn't hurt and I'm not hyper," and all that. ... (nutritionist) did a chart with him. She's like, "Look. Sugar's when you're high. When you don't have sugar you're not high." So we've cut down on it. He has yogurt or sandwiches or snacks for supper, where before he was having cereals and I couldn't control him. He was just hyper and I thought, "Well, what's the matter with him?" It was scary to see how he was when he had the sugar. "Well, look at your behaviour and look what you're doing." Now he doesn't do it as much; he's calmed down a hell of a lot. On holiday he had cookies and they're full of sugar ... and he had them for his breakfast and he went hyper, he went really high. I'm, like, "Look, calm down," and he's just like a little lad, a naughty lad inside him. "Look at you. Just calm down." When he's in that mood he doesn't listen. He's just hard to control.

Other issues related to food imbalance, such as, constipation and toilet habits were also being recognised and tackled by the Grub Club, which had effects beyond just diet; ... *My kids enjoy veg more where before they wouldn't eat veg, but now we eat veg and it's much better. Whereas before, my little boy was pooing his self, so we had to find the right diet to help him not poo his self. Now he goes to the toilet like he should.*

3.9 Small Steps – Change

3.9.1 Innovation/Experimentation

One of the main ways that the Grub Club was seen to support those changing family patterns of eating was providing ideas of how new foods could be incorporated into meals and snacks, allowing the family to make achievable small steps to change, that were both 'tasty', 'fun' and realistic in changing sustainable attitudes to food and behaviour. As one participant reflected ... *(nutritionist) has given me some great insight on how to look at my son's eating habits and how they can help him and before that I was completely oblivious about how to sort of try and make him eat different food stuffs.*

Achieving more balance in diet was recognising that, for example, not all sugar and ‘treats’ had to be abandoned but often subtle adaptations and additions in pathways to change:

Trying to do what I call exciting stuff and snacks and that it's okay to have a snack before bedtime And if we are going to have a meringue then let's how many strawberries can we have on it, how many can we fit in the basket, it's much more fun ... and I think that really needs to come out. It doesn't mean he eats five meringues but you know, yes he can have five or more strawberries, it becomes a game how many can we squeeze in, and if we cut them into shape how many can we then squidge in.

Yeah, yeah, its ideas and it's really good because, (nutritionist) said about pizza, doing it on tortilla. So that was actually quite interesting. Do your own thing and it's not as fattening. My son likes pizza, so I thought that was actually cool. Because I actually do it like a sandwich, like that anyway. I put a bit of cheese on it, I've grilled it and then put ham, a piece of ham, and wrapped it so that's like a pizza. I never thought of it as a pizza, like that, but it is actually. Yeah, things like that – ideas.

... we were talking about making, like, a compote with fruits... That you can put in the fridge for the week and you can put that in yoghurts, because I've got Greek yoghurt and it's supposed to be really nice ...

Similarly, ideas in getting families to drink more water, such as placing fruit into it to make it more tasty were equally appreciated; *if you want to have a drink ..., you can have water but with a bit of flavour in it. You can put a bit of strawberry in it and kiwi and leave it overnight and you've got a drink. Things like that ...*

... I still don't think (family member) drinks enough. But as I say, he's having a bit more (water) by putting lemon and lime in. He doesn't like fizzy drinks and he's not majorly bothered about squash or anything, but he does like fruit juice. He will help himself to that, but if I get it I'll water it down. (Laughs) ... So that's something I started doing a bit as well. I sort of think that if I can get him to drink something ... but yeah, the water seems to be working at the minute with the lemon and lime in.

Getting more vegetables in the family diet and using strategies that incorporated ideas of using different shapes and ways to present them and how to introduce them were also valued, as shared by participants in the following examples:

Yes. we are going to have carrots but what shape do you want, do you like them round or shall we have squares today or shall we do baton sticks and have a little battle as we put them in the pot?

I have learnt that they (recipes/ideas) are quite simple and it is about just thinking about the simplest things like puree the onions because obviously, he can see them and will then spend half the time picking it out

I am very keen to sort of do some more on it and broaden it out a little bit so it's not just meat, you can eat and, you know, yes you don't have to eat the lettuce but have some cucumber, you know. And if it's in the bowl pick out the cucumber, it's fine to pick it out because you are going to eat it ...

...he's just starting to like veg because he just eats carrots ... He gets fed up of the same things, so I says, "Right when I go shopping next week I've got to try different veg. ... Sunday we had parsnip, courgette and carrots, so he says, "Oh, what's this?" I says, "Oh, its cucumber." He says, "Cucumber?" I says, "Yeah, sweet cucumber. Didn't you know you can get sweet cucumber?" ... He came back and he went, "Mum, is there any more of that cucumber?" I went, "No, it's all gone." He went, "That was right nice (laughter)!" I went, "Really? It was courgette." He went, "What's a courgette?" I went, "That what you ate." So he likes courgettes as well.

Consequently, service users were learning positive strategies of why a food should be tried, rather than rejected, as the participant further explained; *if I do spaghetti or chicken or something like that, the first time my little boy tries food, he's like, "Oh, I don't like it," and then I say, "Oh, well, it'll help you grow. It'll help you poo more," or something like that and then he'll enjoy it. Then he'll say, "Oh, can I have some more of that?"*

3.9.2 Change – Long term Support

Overall participants considered that the support and advice provided by the Grub Club was providing them with the ability to make changes in their lifestyles based often as seen in small realistic and sustainable steps, on which further change can be built.

... (I) haven't still got a brilliant cycle. I'm trying now to do my cycle. So it's not too much salt and sugar from cakes and stuff that you put in your mouth without thinking about it and trying to eat healthier ...

... (children) are eating more better. They don't eat chocolate as much ... They eat more fruit and that. They don't eat a lot of chocolate and I've cut down on my chocolate. I've cut down on the sweet stuff. So we're getting the right balance as we should.

And now I've gone onto the good stuff – in a fashion. But yeah ... – I don't drink a lot of fizzy pop, whereas before I would go down to the shop and buy lots. But now I've cut down on pop and sometimes she has juice at night, but it keeps her awake, so now I've find the right balance for her. Give her milk at night and then she'll sleep. Whereas if she has juice it keeps her more awake a lot longer than she should. So I've found the right balance for both of them so it is really helpful... She has milk quite a lot of well, where before she didn't have milk ... and then she has water so I've stopped her juice at night.

I was eating chocolate and crisps and fatty stuff and the wrong stuff. Now the kids don't have a lot of sweets; they have a lot of fruit. Now they have quite a good diet.

I said to (nutritionist), "I'm reducing my sugar now, bit by bit, gradual, so it's not a big shock to me." I'm doing that at the moment. It's just showing me what I need diet-wise, food-wise, You don't think what you've got in the fridge; you don't think what you're putting in your mouth.

Equally it was about recognising that this could include foodstuffs that were not necessarily '100%' nutritious within the diet, as long as it was balanced by more nutritious foods:

(Nutritionist's) making me look at things in different way and think, "Yeah, I can have that because it's green." So it's not going to be so bad and you've got to watch what you put with

it. She said to me that there's nothing wrong with having something that's not 100%, but as long as it's not all the time'

Participants also valued the Grub Club project given that in contrast to other projects where there was a limited and defined timescale, they could receive individually designed support for their specific needs over time, which recognised how change was often long-term if it was to be sustained, based on a flexible relationship and interaction:

...I see it as more seasonal and long term and as the seasons turn round then she will come back at each season showing us (how to cook and grow different foods) ...

...I know I am not done with (nutritionist) and I hope not her with us and it is an adventure for the kids and they think it's special

I've told (nutritionist) that I don't want you to finish. I said, "I need you forever," and she went, "No, you don't need me forever, (name), you don't." But I do.

4. SUMMARY

The Grub Club as a pilot project is now at the end of its first year of funding and consequently at an appropriate point in the life of the project and the research to reflect on its characteristics, development and effectiveness. In particular, to bring together the views of the main stakeholders of Familyfocus, service partners and users to evaluate what has been learnt, the nature of impact and potential future direction.

Set Up

What needs to be recognised is that as with any pilot project the Grub Club has developed from a concept to a functioning process with a flexible and bespoke approach to family need. One of the main challenges as a new project has been setting up partnerships and accessing appropriate clients, determining pathways and contacts in multi-layered partner organisations and how to access families through appropriate publicity, links and information about the project to attain a constant flow of referrals. Barriers existing within the referral process of self-realisation of need and perceptions of the project which had to be broken down, often through prior contact/knowledge of the project, such as being part of Familyfocus' SHARE project, or attendance at an 'open' food workshop/talk by the nutritionist. The nutritionist has consequently had to spend much time seeking to (re) arrange visits, this in part reflects the nature of some of the more vulnerable families that the project is working with, but also is time intensive given the present resourcing of the project within a small charity.

Service Characteristics

The main 'additionality' that the Grub Club offers was considered by all of its stakeholders to be its ability to offer a 'fluid' service, that could adapt the service to the client's needs within bespoke and individual approaches, rather than fitting the client to the service. It was therefore about recognising the complexity of family need that was found to be much more diverse, than, the often quoted headline statistics and reports about obesity. Hence, it could, for example, reach out and provide 'light touch' support to professional busy mums with recipe, preparation, planning and mealtime ideas that helped with other family issues, dynamics and interaction, to more intensive weekly support of other more vulnerable families within their homes. Moreover, the service provided an extra dimension of specific advice and support to families who had, for example, children with autism, or other particular medical conditions, that meant that food and meal-times may require additional consideration. Overall, the characteristics that underlie the project's ability to reach out to families and help change was seen to be through the following holistic elements of the service:

- Providing support through building of trust and rapport, enabling 'confidence' either to start cooking, or experiment more with cooking and food – not being afraid to make 'mistakes'
- 'Simplifying' and explaining of nutrition/food elements – personalising the health/food messages – reducing 'conflicting' messages
- 'Fun'/innovative approaches to food
- Encouraging self-awareness of need for change/choices ie Food Diaries
- Flexibility of time and settings for visits/support – not 'clinical' appointment
- Focus on whole family – its needs and dynamics
- Professional but 'open' approach – *'talking to me, not at me'*

- Sustainable approaches, providing underlying skills/information for long-term change

For partner organisations, such as dietitians, schools and family agencies these characteristics were both recognised and valued as providing for a gap in services in family support and dynamics, as much as food and nutrition. In particular, given that they were more bounded by service ‘remit’ that the Grub Club could pick up issues that they found difficult to address, had not been aware of, or considered important in the functioning of the family. The Grub Club could, for example, in visits to family homes and in more stringent examining of planning, preparing and cooking for meals determine that there could be a distinction between what families were telling professionals and what was the reality in practice. Moreover, the Grub Club could offer an alternative to services that the families were more reluctant to ‘open’ up to, or trust, given that they could provide an independent but professional relationship, from more statutory organisations,

Impact

Whilst flexibility and an individual approach underlies the success of Grub Club, in terms of outputs and outcomes it means that it is more difficult to ‘measure’ impact, compared, for example, to other interventions and policy where there are set programmes and precisely defined goals. Moreover, it is the very nature of the Grub Club that in operating at various levels the project produces multiple effects to meet the differing needs of the client with many layers of ‘success’ and individuality of outcomes, as became apparent in the research in gathering the accounts of service users and providers. Emerging themes from the research data would nevertheless seem to indicate some consensus in the wide range of outcomes that were considered to result from being part of the project, already related throughout the report with some main examples detailed below:

- Learning how to cook from ‘scratch’, or improve cooking skills
- More variety and ‘experimentation’ in family diets
- Healthier diets/food patterns for the whole family – reducing effects of a ‘poor’ diet ie limited fruit/vegetables on roughage
- Knowledge of nutrition and food, including growing vegetables
- Improved control of specific medical conditions in relation to food
- Forward organisation/planning of meals and diets
- Innovation and fun in food preparation and eating
- Changing of portion sizes, timing of meals and snacks
- Consideration of budgets for food/‘healthy’ eating
- Realisation of need/self-awareness
- Parents improved self-confidence to discuss parallel food issues with other services – ie schools

Ultimately, the effect is not just about food itself but the relationship that families have to food and how it impacts on family dynamics and well-being. Families, for example, where there had previously been high consumption of sugar, related how cutting down sugar levels had reduced the occurrence of tantrums that children had and their behaviour. Through such action as changing meal-times and what children ate, it was equally about establishing more control, reducing ‘battles’ and having a more positive environment within the family and ability to ‘cope’ with other issues.

It was also recognising that for change to be sustainable, often it has to be undertaken in small realistic steps and based on raising self-awareness within the family of the need for change in several achievable stages.

Future Direction?

At the end of its first year the Grub Club has achieved much in its set-up and providing a bespoke service. In continuing its work funding obviously remains a central issue, where as in the case of many projects it is currently dependent on short-term funding to continue its valuable work. Whilst it provides for a gap in services and can help to meet the targets of other service providers, it is whether in the present climate of public service cut-backs that other organisations, could, for example, fund some of the joint work that it does. Equally, in relation to the priority given to issues of obesity and healthy eating, it could be more supported by mainstream health organisations given the role that it can play in improving healthy eating, diet and well-being. Alternatively, whether it can continue to be funded on the basis of the very individual support that it can provide and greater understanding of the complexity of food patterns and dynamics within families, learning what works in reaching families means that approaches and experimentation is likely to increase, which needs to be recognised in any future funding.

Equally the evolution of the project depends on what further directions the project develops and the partnerships it can form, for example, budgeting for food and help with shopping is one example of where the project originally intended to operate and a gap noted by other service providers, it is how that may be potentially linked up to other agencies and funded. Ultimately, as found in the research the Grub Club is not just about a 'stand-alone' service, but related to the holistic needs of family life and therefore whether funding is directed as part of the central aims and workings of Familyfocus in supporting and strengthening families, not a 'separate' service.

As a small organisation the balance also has to be sought between what is achievable in terms of potential expansion and roll-out of the project, given that it could reach a much larger number of participants both in Lincoln and across the county, but this would obviously require more funding and a change of structure and personnel, as considered in Section 2.1.5. One of the issues remains publicity and how to make services and families more aware of the project. Whilst there have been articles in local media and radio, information presently on the Familyfocus website about the Grub Club is limited and as seen, there have been suggestions by partners, of how, for example, designing a specific leaflet about the Grub Club would aid them in explaining the project to potential participants. It is therefore factoring into future funding, resources for bespoke and targeted publicity and more use of Internet sites and social media that can provide information and promotion for minimal cost. However, it is equally for Familyfocus and the Grub Club to make strategic decisions about how much the service should expand, what direction it should take and how far the service may/should change and evolve within its central remit.

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